

# CLAIMS ONLY

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1												
2													
3													
4													
5													
6													
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11													
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13													
14	1												
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48													
49													
50													
TOTAL IND.	3												
TOTAL DEP.	29												
TOTAL CLAIMS	32												
51													
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98													
99													
100													
TOTAL IND.													
TOTAL DEP.													
TOTAL CLAIMS													

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS